

## CHECKLIST (REQUIREMENTS) FOR ADDITIONAL VOLUNTARY CONTRIBUTION

### IMPORTANT INFORMATION

- Application will only be processed if the required documents are complete
- Original documents will only be processed for sighting
- Offer of gratification to any staff for processing of your benefits is strictly prohibited

**PLEASE TICK THE BOX [ ✓ ] TO INDICATE ALL DOCUMENTS PROVIDED.**

#### WITHDRAWAL APPLICATION FORM

This is the duly completed and signed application form which states the client is applying for voluntary contribution in his/her Retirement Savings Account (RSA). The client would include if its part payment or full payment.

#### PASSPORT PHOTOGRAPH

One (1) recent passport photograph of the applicant must be submitted with the application.

#### BANK ACCOUNT DETAILS

The Client's payment will be made into the bank account details provided with the application through

- Cheque Leaf
- Banker's Confirmation of Account
- Bank Statement of Account

#### ACCEPTANCE OF TAX

A letter confirming the acceptance of the applicable tax to be deducted to be duly signed by the applicant

#### MEANS OF IDENTIFICATION

Valid means of identification to be submitted could be any of the following

- National Identity Card
- \*Valid International Passport
- \*Valid Driver's License
- NIMC Enrolment Slip
- Permanent Voters Card

Means of ID must be valid at the point of submission of the application

#### COMPLETED AND SIGNED DATA RECAPTURE FORM

#### COMPLETED AND SIGNED BVN CONSENT FORM

### FOR OFFICIAL USE ONLY

**RECEIVING OFFICER:** I confirm that all original documents were sighted by me

**NAME:** \_\_\_\_\_

**BRANCH/SERVICE CENTRE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# APPLICATION PAYMENT FROM RETIREMENT SAVINGS ACCOUNT



RSA PIN

FIRST NAME

MIDDLE NAME

LAST NAME

OTHER NAME

EMAIL ADDRESS

RESIDENTIAL ADDRESS

EMPLOYER NAME

EMPLOYER ADDRESS

## DETAILS FOR NEXT OF KIN

FIRST NAME

MIDDLE NAME

LAST NAME

OTHER NAME

EMAIL ADDRESS

RESIDENTIAL ADDRESS

## APPLICATION TYPE

- 25% PAYMENT
- LUMP SUM AND PROGRAMMED WITHDRAWAL PAYMENT
- LUMP SUM AND ANNUITY PAYMENT
- ENBLOC PAYMENT
- NSITF PAYMENT
- HEALTH GROUNDS PAYMENT
- DEATH BENEFITS PAYMENT
- PRE ACT PAYMENT
- ADDITIONAL LUMPSUM PAYMENT
- VOLUNTARY CONTRIBUTION PAYMENT: PART =N= ALL
- FOREIGNER PAYMENT
- MISSING PERSONS PAYMENT

## CONFIRMATION OF EMPLOYMENT STATUS

- I HAVE BEEN UNEMPLOYED FOR THE LAST 4 MONTHS TO THE DATE OF THIS APPLICATION
- I HAVE BEEN EMPLOYED FOR THE LAST 4 MONTHS TO THE DATE OF THIS APPLICATION

DATE OF EXIT (DD MM YYYY)

Applications will ONLY be processed if they include ALL the required documents. if any document is missing, the Application will be considered INCOMPLETE and NOT ACCEPTED until the documents have been provided.

I confirm that the information supplied above by me is true and correct and hereby indemnify TANGERINE PENSIONS LIMITED, its officers and privies from any liability whatsoever arising out of false information provided by me above. I further authorize TANGERINE PENSIONS LIMITED to update the RSA details stated above with any of the information so provided above.

## FOR OFFICIAL USE ONLY

NAME OF RECEIVING OFFICER

SIGNATURE OF RECEIVING OFFICER

## CUSTOMERS RECEIPT

PENSION RSA NUMBER

APPLICATION SUBMISSION DATE

SIGNATURE

DATE

BRANCH/SERVICE CENTRE

PHONE NUMBER

CLIENT NAME

NAME OF RECEIVING OFFICER

APPLICATION TYPE

BRANCH / SERVICE LOCATION



## MODE OF EXIT FROM EMPLOYER

- TERMINATION OF EMPLOYMENT
- VOLUNTARY RETIREMENT
- RESIGNATION
- MANDATORY RETIREMENT
- STILL EMPLOYED

## PAYMENT ACCOUNT DETAILS

BANK NAME

BANK ACCOUNT NUMBER

MODE OF PAYMENT  BANK DRAFT  BANK ACCOUNT

## Appendix 2

### TANGERINE APT PENSIONS LIMITED

### VOLUNTARY CONTRIBUTIONS WITHDRAWAL FORM

This Withdrawal Form is in line with Clause 3.22 of the Voluntary Contributions Guidelines

Wherein, I.....of  
(Residential Address).....do hereby  
declare that I have been properly enlightened on the types of Voluntary Contributions  
Withdrawals.

Please find below details of my information provided and the agreed retirement benefit  
pay-out.

| <b>APPLICANTS PERSONAL INFORMATION AND BENEFIT PAY-OUT</b> |  |
|--|--|
| Pin Number   |  |
| Gender   |  |
| Date of Birth  |  |
| Current Age  |  |
| Voluntary Contributor Category                             |  |
| Voluntary Contributions Balance                            |  |
| Contingent/Fixed Amount ₪                                  |  |
| Amounts Requested ₪  |  |

SIGNATURE:.....

DATE:.....

TELEPHONE NUMBER:.....

EMAIL ADDRESS:.....



# EXISTING CONTRIBUTOR DATA RECAPTURE FORM

PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS

NOTE: \* INDICATE MANDATORY FIELDS \*\*INDICATE CONDITIONAL MANDATORY FIELDS

## SECTION 1: RETIREMENT SAVINGS ACCOUNT (RSA) HOLDER'S DETAILS

1a \* RSA Status

Retiree  Active

1b \* PFA name

T A N G E R I N E A P T P E N S I O N S

1c\* RSA PIN (TPL)

P E N

(where applicable)

1d\* List of other RSA Pins & their PFA's

## SECTION 2: PERSONAL DATA

\* Recent Passport Photograph  
(with white background)

Name boldly written  
behind the passport picture

2a\* Title

Mr  Mrs  Miss  Ms

(NAME AS IT APPEARS ON YOUR NATIONAL IDENTITY CARD)

\* Surname

\* First name

Middle name

Maiden name

\* Gender (M/F)

Male  Female

\* Marital Status

Married  Single  Divorced  Widowed  Separated

\* Date of Birth (DD MON YYYY) Sample Date 14-09-1970

\* Nationality

Bank Verification Number

\* National Identity Number

\* Place of birth(village/city)

\*\* State of Origin ( If Nationality is Nigerian)

\*\* Local Government Area (If Nationality is Nigerian)

RESIDENTIAL ADDRESS

\*\*NIGERIA

\*\*ABROAD

House No./Name

Street Name

\*\* Village/Town/City

\*\* Local Government Area Code

\*\* State of Residence Code

\* Country of Residence Code

\* Country of Residence

\*\* State of Resience ( If Nationality is Nigerian)

\*\* Local Government Area of Residence ( If Nationality is Nigerian)

\*\* Zip Code

P.O.Box or PMB (if any)

Personal Email Address

\* Phone Number

Country code (Tel)

Mobile Number

## SECTION 3: EMPLOYMENT RECORD

3a Sector Classification

3b \* (Formal Sector (Fed & State MDAs) Employees-01)

(Private Sector Employees-02)

(Informal Sector Employees-03)

(Cross Border Employees-04)



Middle Name

\* Relationship

Correspondence Address

\*\* Nigeria

\*\* Abroad

House No/Name

Street Name

\*\* Village/Town/City

\*\* Local Government Area

\*\* State of Residence

\*\* Country (if based abroad)

\*\* Zip Code/Postal Code (if living abroad)

P.O.Box or PMB (if any)

Email Address

\*\* Phone Number

### SECTION 6: CONTRIBUTOR'S CERTIFICATION

I hereby certify that the information provided in this form is correct. I further consent and authorize the National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom), upon request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(official use only)  
Reference Number

### SECTION 7: CONTRIBUTOR'S CERTIFICATION (FOR OFFICIAL USE)

7 \* Does the Contributor have any Fingerprint Challenge?

### SECTION 8: PFA CERTIFICATION

\* I hereby certify that the information given above is correct to the best of my knowledge

\* Name

\* Designation

\* Date (DD MON YYYY)

I agree that my personal information can be used in line with Tangerine APT Data Privacy Policy. :   
[www.TangerineAPT.Africa/privacy-policy](http://www.TangerineAPT.Africa/privacy-policy). All enquiries/complaints can be forwarded to [pensiondataprivacy@TangerineAPT.Africa](mailto:pensiondataprivacy@TangerineAPT.Africa)

#### 9a) SECTION 9 : DOCUMENTATION REQUIREMENTS FOR BOTH PUBLIC AND PRIVATE SECTOR EMPLOYEES

- i) One recent coloured passport sized (4"x4") photograph taken against a white background
- ii) Letter of Employment (in the case of Private Sector Employees)
- iii) Letter of first Appointment or Attestation Letter in the case of Police personnel
- iv) Transfer and Acceptance of Service (where applicable)
- v) Birth Certificate or Declaration of Age
- vi) Staff identity card or any one of the following:
  - \*) National Driver's License;
  - \*) Permanent Voter's Card or
  - \*) International Passport
- vii) Staff file No. (in case of a Public Sector employees)
- viii) National Identity Card or Enrolment Slip issued by the National Identity Management Commission indicating the National Identity Number (NIN)
- ix) Bank Verification Number (BVN)
- x) Certificate of RSA Registration (i.e. Welcome Letter or recent RSA Statement showing name and PIN)

#### 9b) ADDITIONAL REQUIREMENTS FOR FEDERAL GOVERNMENT TREASURY FUNDED MDAS:

- i) Promotion Letter and Pay Slip indicating Grade Level and Step as at 30 June 2004 (where applicable)
- ii) Promotion Letter and Pay Slip indicating Grade Level and Step as at January 2007 (where applicable)
- iii) Promotion Letter and Pay Slip indicating Grade Level and Step as at July 2010 (where applicable)
- iv) Promotion Letter and Pay Slip indicating Grade Level and Step as at January 2013 (where applicable)
- v) Promotion Letter and Pay Slip indicating Grade Level and Step as at January 2016 (where applicable)
- vi) Promotion Letter and Pay Slip indicating Grade Level and Step (where applicable). IPPIS Number and date employee joined IPPIS (for employees of MDAs under IPPIS)

## REGISTRATION OF RETIREMENT SAVINGS ACCOUNT ON ENHANCED CONTRIBUTIONS REGISTRATION SYSTEM (ECRS)

### CLIENT CONSENT FORM

I.....  
hereby consent and authorize the Management of Tangerine APT Pensions Limited to utilize and adopt my personal details as registered for BVN and the National Identity Management Commission (NIMC) both information domiciled with NIBSS (Nigeria Inter-bank Settlement System) and NIMC respectively

I have been duly informed by the Management of Tangerine APT Pensions Limited that under the ECRS regime, the National Identification Number (NIN) issued by NIMC is now the unique identifier and requirement for registration and generation of PIN for Retirement Savings Account (RSA).

I also give consent that where there are discrepancies with the personal information provided on the Retirement Savings Account (RSA) form completed by me, Tangerine APT Pensions should consider the data on my BVN and NIMC registration as my authentic personal details for the purposes of RSA administration.

I agree that my personal information can be used in line with Tangerine APT Data Privacy Policy. : [www.TangerineAPT.Africa/privacy-policy](http://www.TangerineAPT.Africa/privacy-policy). All enquiries/complaints can be forwarded to [pensiondataprivacy@TangerineAPT.Africa](mailto:pensiondataprivacy@TangerineAPT.Africa)

**Signature**

**Contact Address**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Date**

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

The Managing Director  
Tangerine APT Pensions Limited  
Federal Mortgage Mortgage Bank Building,  
Plot 266 Cadastral AO, Central Business District,  
Garki, Abuja.

Dear Sir,

## ACCEPTANCE OF TAX

I ----- hereby confirm that I have applied for  
the Additional Voluntary Contribution (AVC) in my Retirement Savings Account (RSA).

I hereby accept that the applicable tax should be deducted and remitted on my behalf  
to the relevant tax authority.

Yours faithfully

Signature:

PIN: 

|          |          |          |                      |
|----------|----------|----------|----------------------|
| <b>P</b> | <b>E</b> | <b>N</b> | <input type="text"/> |
|----------|----------|----------|----------------------|

Date:

Email Address:

Phone number:

TIN:

I agree that my personal information can be used in line with Tangerine APT Data Privacy Policy. :   
[www.TangerineAPT.Africa/privacy-policy](http://www.TangerineAPT.Africa/privacy-policy). All enquiries/complaints can be forwarded to [pensiondataprivacy@TangerineAPT.Africa](mailto:pensiondataprivacy@TangerineAPT.Africa)